

State of Vermont

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MEMORANDUM

TO: Adult State Standing Committee

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: April 13, 2020

SUBJECT: Department of Mental Health | Priorities & Actions COVID-19

OVERVIEW

The Department of Mental Health (DMH) is focused on the health, safety, and wellbeing of all Vermonters. Given this time of uncertainty, disruption to daily lives, and additional stress, it is now even more important that we support the mental health of Vermonters. This focus must be across our communities, from our youngest children whose daily routines and access to care have been disrupted, to those youth and adults whose access to care and treatment and drastically changed, to patients and residents across our residential and inpatient system of care, and to our oldest Vermonters who are further isolated from loved ones and grappling with unprecedented health risk. We must work to ensure that that the fabric our mental health system remains strong to meet the needs of Vermonter's today and will be there for us all tomorrow.

DMH is currently focused on three main priority areas:

1. Support and maintain the fiscal stability of our community mental health and inpatient providers
2. Ensure continued access and capacity within our community mental health and inpatient system for those seeking care and treatment
3. Support and sustain our mental health healthcare workforce

Overall pressures in the current system:

- Maintaining critical and essential staff across our mental health care providers
- Fiscal pressures on providers due to loss of revenue, increased costs and efforts to maintain staff
- Decreased capacity across the system due to staffing shortages
 - Crisis beds, residential, inpatient
- Procurement acquisition of PPE for 24/7 direct care staff
- Managing COVID-19 protocols and navigating guidance, including how to manage COVID-19 positive clients/residents/patients

DMH STRATEGIES & ACTIONS TO ADDRESS PRIORITIES

DMH COVID-19 Fiscal and Programmatic Support Strategies and Implementation	
<u>Phase 1</u> Implement fiscal assistance and strategies within available resources	IMPLEMENTED STARTING THE WEEK OF MARCH 16TH <ul style="list-style-type: none">DMH and the Department of Disabilities, Aging, and Independent Living (DAIL) communicated with, and conducted an immediate assessment of, the Designated Agencies and Specialized Service Agencies (DA/SSA) with the goal of ensuring fiscal solvency and stability and for providers to continue services and retain key health care staffing.DMH and DAIL conducted twice weekly conference calls with DA/SSA leadership to understand provider needs and concerns. The Vermont Department of Health's Alcohol and Drug Abuse Program (ADAP) joined the calls beginning in April.DMH and DAIL implemented several key fiscal strategies (see below) utilizing existing payment methodologies within currently budgeted resources.DMH and DAIL began providing regularly updated, comprehensive Guidance Document to DAs/SSAs: https://mentalhealth.vermont.gov/sites/mhnew/files/documents/V.7%20DMH%20DDS%20Guidance%20April%206%202020.pdf
	FISCAL STRATEGIES IMPLEMENTED CASE RATE <ul style="list-style-type: none">Under the current Mental Health Case Rate model, DAs/SSAs are paid monthly for case rate services on a prospective basis using an annual budget. this prospective payment is paid in a lump sum at the same time each month. These monthly prospective payments total an average \$8.3M across the network.This provides assurance of maintaining prospective case rate payments through 2020 and documented notice that DMH can and will adjust the reconciliation process to reflect changes in practice due to COVID-19 that will mitigate financial risk at the point of reconciliation.

Residential Programs, Private Non-Medical Institutions (PNMI)

- In order to provide financial stability to private non-medical institutions (PNMIs), the per diem rate for all PNMI's will temporarily be calculated using the total allowable costs from a PNMI's settled base year funding application and divide those costs by twelve to arrive at the monthly allowable costs. The Department of Vermont Health Access (DVHA) will calculate the Vermont Medicaid per diem rate for the previous month for which the census data be submitted by dividing the monthly allowable costs, subject to adjustments for the cap on cost increases, revenue recapture, and rate adjustments, by the total number of all-payor resident days for the month just ended.
- In addition to the temporary rate methodology, PNMI programs may apply for extraordinary financial relief (EFR) under V.P.N.M.I.R. § 7.5 for additional relief. If a PNMI program has additional COVID-19 related costs that are not covered by the restructured rates, applying for EFR is the appropriate mechanism to seek additional relief to pay for these costs. PNMI's requesting
- EFR due to COVID-19 related costs should document these costs with as much detail as possible.
- This provides assurance of maintaining prospective case rate payments through 2020 and documented notice that DMH can and will adjust the reconciliation process to reflect changes in practice due to COVID-19 that will mitigate financial risk at the point of reconciliation.

OTHER

- Telephonic services approved for Medicaid billing for a variety of mental health services and treatment.
- Payment for Electronic Medical Records implementation expedited, \$1.15M.

SCHOOL BASED MENTAL HEALTH

- DMH, in coordination with DVHA, has the authority to change restrictions on service delivery, including thresholds for case rates. Therefore, the following changes are in place during the COVID-19 school closure period:
- Behavioral Intervention Program, School Based Clinician & CERT services may be provided through telehealth or phone with the student and/or family in their home or chosen setting and are not required to be in-person in a school setting. Minimum service thresholds lowered.

	<ul style="list-style-type: none"> • DMH and the Agency of Education (AOE) will be issuing guidance April 6/7 for school superintendents related to continuation of mental health service contracts to ensure that mental health services continue while the schools are developing their continuity of learning plans, and that schools and DAs should coordinate going forward. • Communications: DMH is concerned about students and families knowing that mental health services are still available during this school closure and the social distancing period and will be developing communication to be shared through various venues, including school newsletters. <p><i>Next step: Ensuring that Medicaid match payments are provided by the public schools, DMH is coordinating with AOE and Local Education Agencies (LEA) to determine the most appropriate way to assure match will be provided.</i></p> <p>FISCAL STRATEGIES IMPLEMENTED IN PARTNERSHIP WITH DAIL</p> <ul style="list-style-type: none"> • Flexibility within Daily Rate Billing – DAs/SSAs bill for Developmental Disability Services based on individualized rates, on a monthly basis. Requirements to actively manage billing and adjustments to reflect service provision have been suspended, and agencies may bill the daily rate consistently to provide stability for the agency.
<p><u>Phase 2</u></p> <p>Evaluate fiscal pressures and provide additional financial relief</p>	<p>PHASE 2: IMPLEMENTED STARTING THE WEEK OF MARCH 23RD</p> <p>DMH and DAIL have implemented a process for DA/SSA providers to document and submit fiscal pressures/revenue loss due to COVID-19 that are not remedied by strategies outlined in Phase 1.</p> <ul style="list-style-type: none"> • DMH and DAIL will develop a methodology to review and evaluate requests. • Requests will be evaluated and prioritized based on available funds and coordinated with other financial relief efforts at the Agency of Human Services (AHS). <p>Communication</p> <ul style="list-style-type: none"> • Ongoing weekly calls with DA and SSA leadership and DAIL, DMH, ADAP commissioners • Examples of topics include: implementation of hazard pay, acquisition costs of PPE, loss of other revenue/billing outside of case rate (Success Beyond Six), additional equipment (telehealth).
<p><u>OTHER FISCAL</u></p>	<p>GRANT/FEDERAL FUNDING</p>

	<p>SAMHSA Grant</p> <ul style="list-style-type: none"> Additional financial assistance is being sought through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant in partnership with ADAP (2020 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19) on April 10. The maximum funding per state is \$2M and the activities Vermont is applying for include expanding crisis services, increasing availability of peer outreach, public health education, employment supports in outpatient services, CRT programs, peer-run programs, expanded SUD recovery coach outreach, medication drops, and mental health supports for healthcare workers. <p>Crisis Counseling Program (FEMA Funds)</p> <ul style="list-style-type: none"> The Federal Emergency Management Administration (FEMA) offers a grant given to states during a Presidentially Declared Disaster. FEMA releases the funds to the Emergency Operations Center (EOC), which in turn releases the dollars to the State Mental Health Authority. The triggering event to receive funds is for the Governor to submit a request letter for a Disaster Declaration to the White House. The President of the United States must then approve the request and grant a Disaster Declaration. Once this happens, there are 14 days in which to write the Initial Services Plan (ISP) which runs for 60 days. This ISP provides funding to provide individual crisis counselling, brief psycho-ed, group crisis counselling, public education and informational sessions, and media outreach and public service announcements. There is second piece to the CCP, and that is the Regular Services Program, or RSP. This portion of the grant runs up to 9 months, and requires more extensive work in the community, helping individuals and communities in their recovery from a disaster. The work of the CCP is traditionally done in the community, with face to face contact. <p>FEDERAL FUNDING</p> <ul style="list-style-type: none"> Pursue federal funding opportunities to support the mental health system of care
<u>ALTERNATIVE INPATIENT FACILITY</u>	<p>On Friday 3/20/20, DMH convened hospital leadership across the state who manage inpatient psychiatric hospitals and units. This included the University of Vermont Medical Center, Rutland Regional Medical Center, Central Vermont Medical Center, the Veterans Administration Hospital, the Vermont Association of Hospitals and Healthcare Systems, the Vermont Psychiatric Care Hospital, and the Brattleboro Retreat. The goal was to assess current risks and to make recommendations to ensure the health and safety of patients.</p>

	<p>The network of hospitals across the state, with DMH support, determined there was a need to establish an alternative psychiatric facility with 1-10 beds for individuals with significant psychiatric needs who are COVID19+, or those who are COVID19+ who may wind up in ED seeking care, but which do not require a significant amount of medical care.</p> <p>This dedicated unit meets three primary goals:</p> <ol style="list-style-type: none"> 1. Assure enough capacity to provide treatment of COVID19+ patients who have mild COVID19+ symptoms but significant psychiatric needs (Level 1/involuntary). This includes both those currently receiving inpatient care and those who may seek psychiatric care in an ED 2. Mitigating the spread of COVID -in inpatient facilities to ensure the health and safety of patients receiving treatment 3. Preserve resources and capacity both within the broader medical system for those most medically acute and within our inpatient psychiatric facilities while preventing the spread of COVID-19 <p>The first plan of action, if adequate capacity exists within the broader medical hospital system, is for psychiatric patients who are COVID-19+ to be referred to a medical hospital unit and to receive psychiatric services at that hospital as appropriate.</p>
<p><u>MTCR UPDATE</u></p>	<p>COVID-19 significantly impacted critical staffing levels at both VPCH and the Middlesex Therapeutic Community Residence (MTCR), including nursing staff.</p> <p>VPCH and MTCR share staff, although staff have a primary location site. In order to better manage staff availability while balancing the needs of staff, patients, and residents, 3/31/20 DMH temporarily relocated the seven residents at MTCR to VPCH. Every precaution was taken to do this proactively in a safe and thoughtful manner.</p> <ol style="list-style-type: none"> 1) The residents at MTCR occupy a single unit and are separated from VPCH patients. 2) The residents at MTCR have not been, and will not be, admitted to VPCH. They are simply receiving the same treatment at a different location. 3) MTCR residents at MTCR will <u>not</u> be subject to Emergency Involuntary Procedures. 4) MTCR residents have access to video/phone capabilities to connect with supports as well as the other privileges they had at the physical MTCR location. 5) MTCR residents have access to outdoor activities at VPCH. 6) The MTCR residents have access to the library and activity rooms.

	This consolidation of the two facilities has eased operating challenges as well as improved safety and access to treatment.
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NEXT STEPS & AREAS OF FOCUS

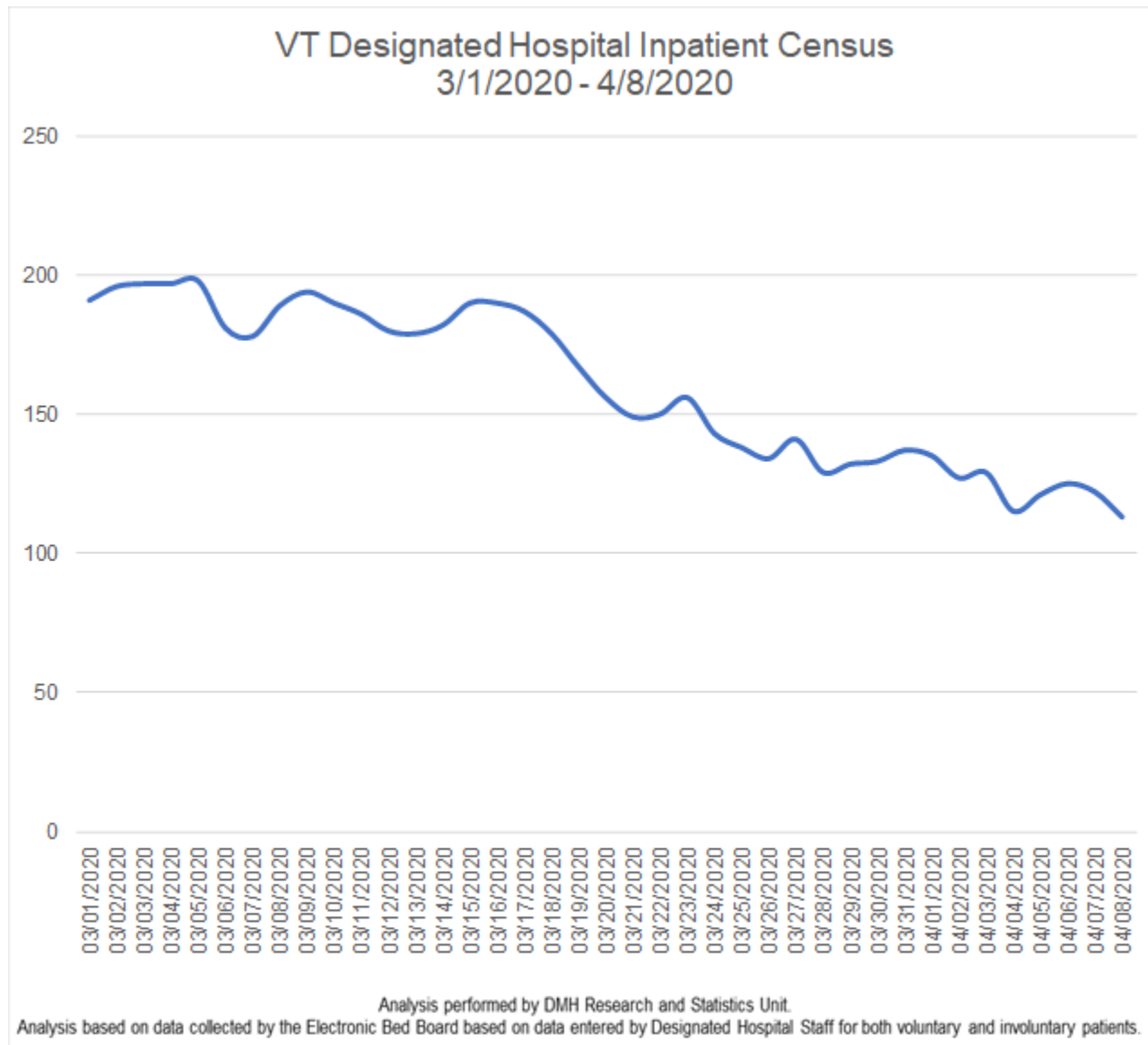
1. Fiscal

- a. Implement Phase 2 to support the fiscal stability of community mental health partners
- b. Continue to develop alternative capacity and isolation and recovery locations for COVID-19 positive

2. Communications

- a. Focus on the social, emotional, and mental health of children and youth, especially those who are at risk or were previously accessing services through their public schools
- b. Focus on suicide prevention and expanding public messaging and support around mental health wellness and how to access help when needed

Designated Hospital Inpatient Census



**DEPARTMENT OF MENTAL HEALTH
CORONAVIRUS COMMUNICATIONS**

updated 4.6.20

GUIDANCE SENT TO PROVIDERS

COMMUNICATION	DATE	SENT TO
<u>Coronavirus Letter to DAs</u>	3/4/2020	DA Execs and MDs
<u>Preparing for Coronavirus by Taking Care of your Whole Self</u>	3/12/2020	DAs, partners
<u>Facts Sheets for Providers, Families, Leaders, from the Center for the Study of Traumatic Stress</u>	3/12/20	All distribution lists
<u>Governor's Declaration of Emergency and other directives, addendums</u>	3/13/20 and ongoing	All distribution lists
<u>Coronavirus Guidance for Inpatient and Residential Facilities</u>	3/13/2020	Facilities
<u>Emergency Services Remain Open</u>	3/16/2020	Public Safety
DMH Commissioner's Update	3/18/2020, 3/30/2020	DMH Staff
<u>Guidance for Children/Youth Residential Programs Serving DCF, DAIL and DMH Clients</u>	3/19/20	Children/youth programs
<u>New Medicaid Billing Codes, BCBS, HIPPA and Tele-communications (memo)</u>	3/19/2020	All distribution lists
<u>COVID-19 Success Beyond Six Guidance (memo)</u>	3/19/20	SB6 providers
<u>Home-Based Services Guidance (memo)</u>	3/19/20	DAs
<u>FAQ – COVID-19 Frequent Asked Questions and Guidance to Designated Agencies</u>	Last updated 4/6 on web	DAs and website
<u>Staying Mentally Healthy During Self-Isolation or Quarantine</u>	3/23/2020	DAs, partners, VDH ads & web
<u>Intake regulation changes memo</u>	3/24/20	DAs
Staff member pos COV19 memo	Drafting	DAs, Residential
Patient pos COV19 memo	Drafting	DAs, Residential
<u>Essential Services memo</u>	3/26/20	MH Provider Network

Seeking Mental Health Provider Staff email	3/31/2020	Public, Partners, Private Providers
<u>Critical Incident Reporting Requirements for Designated Agencies</u>	4/2/2020	DAs
OTHER MAJOR COMMUNICATIONS		
<u>DMH Coronavirus Webpage</u>	Live	public
<u>Mental Health Job Board</u>	Live	public
Guidance for working from Home	3/18/2020	DMH Staff
Social Media Campaign with VDH support - <u>Facebook</u> and <u>Twitter</u> to circulate web resources and guidance	Live	Public
MATERIALS IN DEVELOPMENT		
Appx K Waiver Request in collaboration with DAIL	Insert Date	CMS
Grant: FEMA-SAMHSA Communications Strategy	Meeting	Public
Grant Application with ADAP: 2020 SAMHSA MH and SUD Emergency Grants	Drafting	SAMHSA
Joint statement from AOE and DMH regarding SB6 services. Focus on needs of students.	Meeting 4/7/20	DA and SSAs